

Name
in
Full

Elmer Boyer.

CERTIFICATE OF DEATH

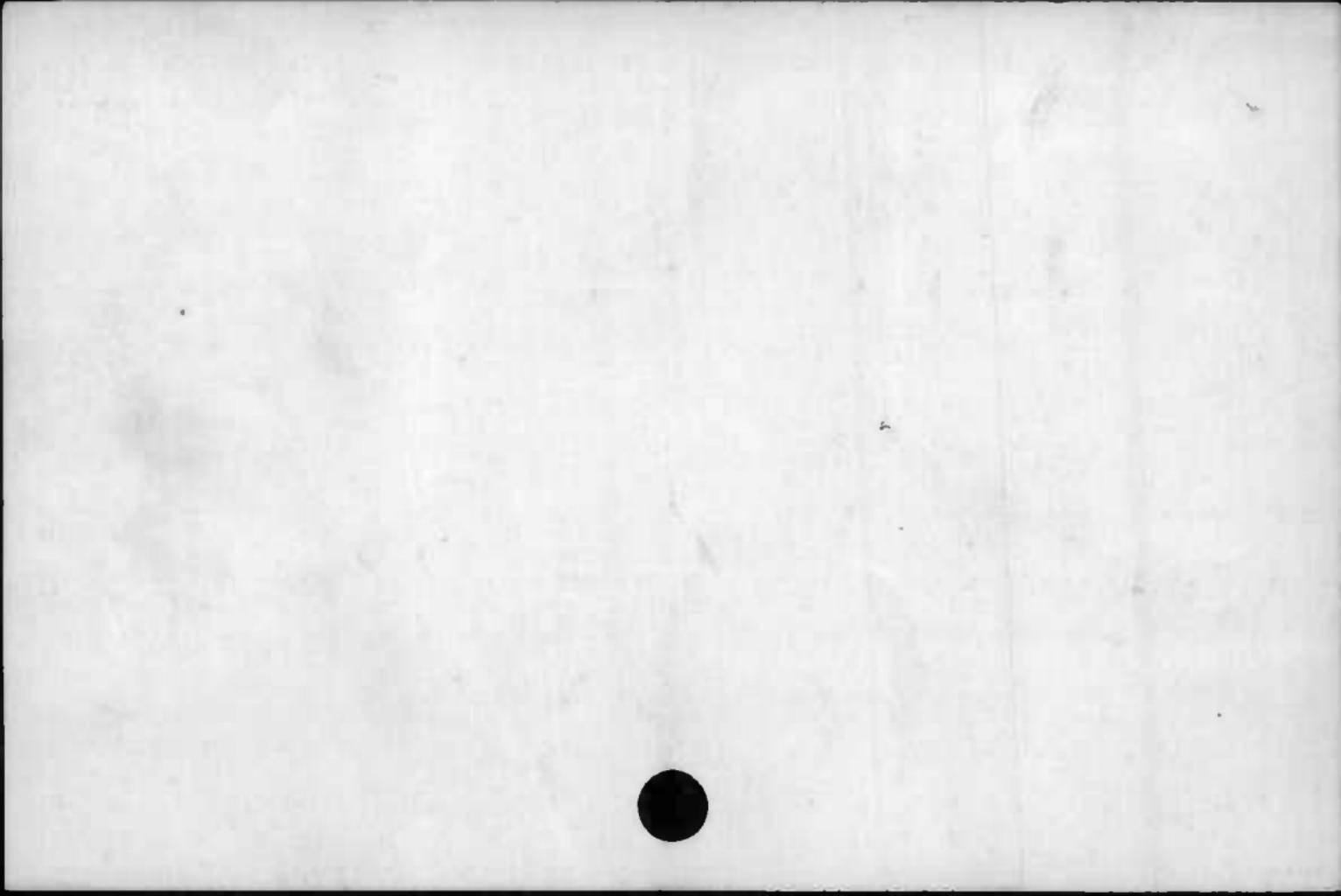
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	African	Birth-place	Maryland	
Occupation	Where Residing if not at place of death					
Married Single or Widowed	Name of Wife or Husband					
Father's Name	Lit. Boyer	Father's Birthplace		Rehoboth Ma		
Mother's Maiden Name	Hester Haywood	Mother's Birthplace		Pocornoke.		
Name of person giving Information	Lit. Boyer	How related to deceased		Brother.		

CAUSES OF DEATH

Primary	Tuberculosis of Lungs	(21)	How long	3 years
Immediate	Physisue Expansion	(21)	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	J. Mc. Eccles MD
			Address	Westover
Accident or Suicide?			Somerset Co - Md	



Name
in
Full

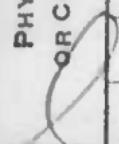
Polly Bradshaw

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Tylerston</i>	County <i>Somerset</i>	MARYLAND	
Date of death	Month <i>August</i>	Day <i>20</i>	Years <i>63</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Smiths Island</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Thomas Bradshaw</i>			
Father's Name <i>Johnson Musnick</i>	Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>Charlotte</i>	Mother's Birthplace <i>not known</i>			
Name of person giving Information <i>Andrew</i>	How related to deceased <i>Son.</i>			

PHYSICIAN
OR CORONER



CAUSES OF DEATH

Primary

Epithelovirus
Gastritis

(44)

How long

1 year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

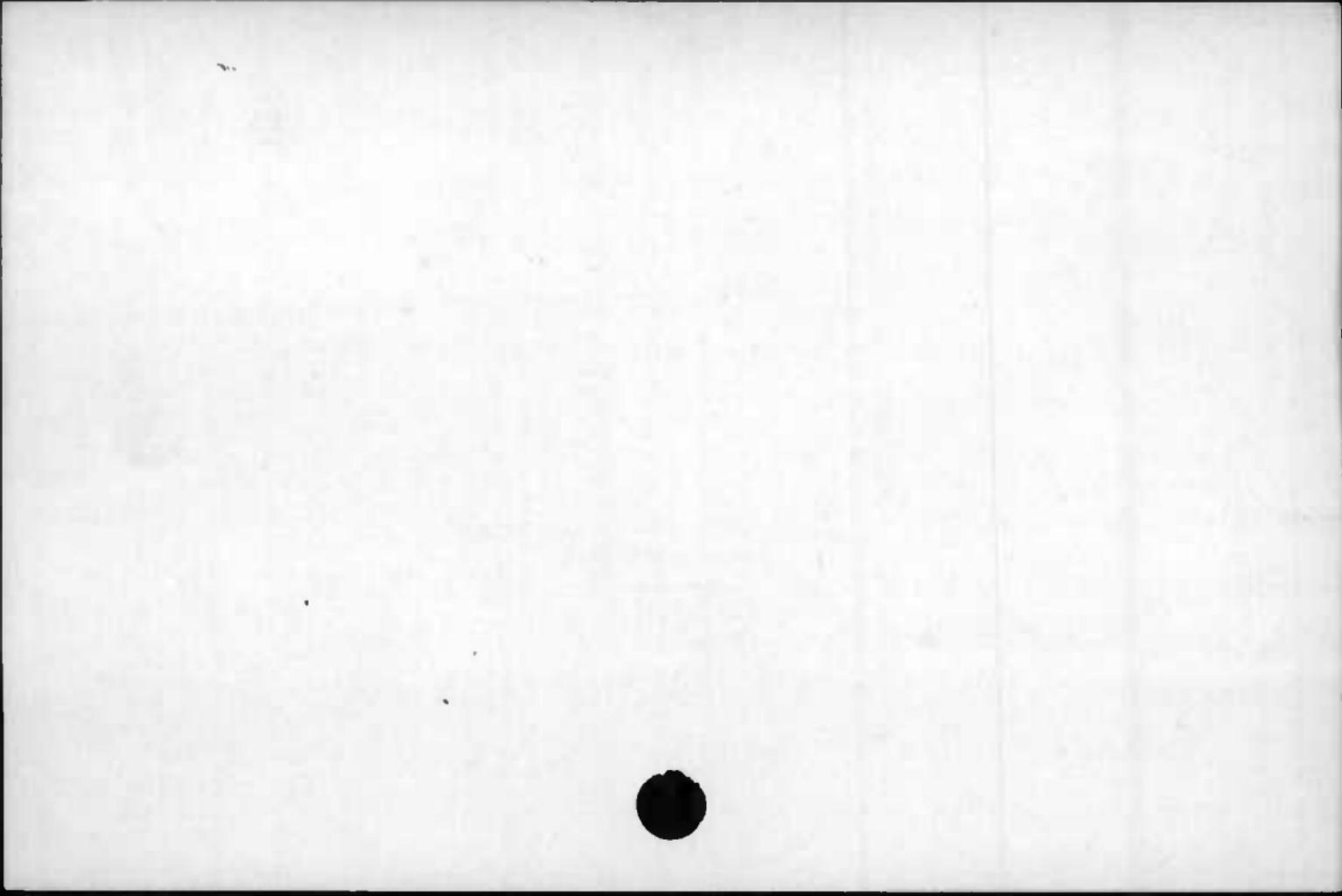
Signature of
Physician

Address

E. H. Lewis

Well,
Md.

Accident or Suicide?



Name
in
Full

Infant. Tw Name Byrd

CERTIFICATE OF DEATH

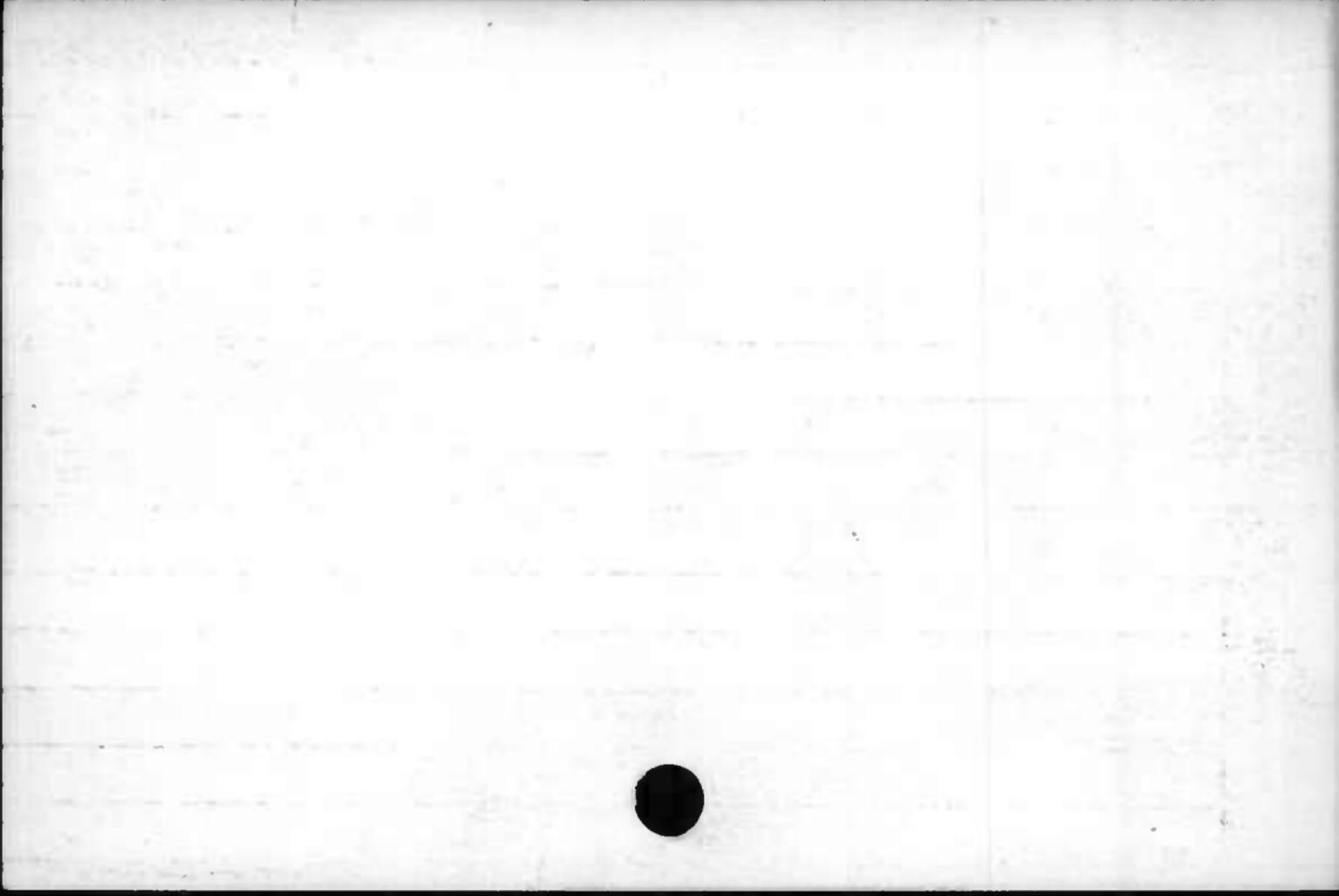
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesapeake</u>	Town	County <u>Somerset</u>	MARYLAND
Date of death <u>1906 Aug</u>	Month <u>Aug</u>	Day <u>9</u>	Years _____
Age _____	Months <u>4</u>	Days _____	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Somerset Co</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>	Father's Birthplace <u> </u>	Son. 60
Father's Name <u>Sister Byrds</u>	Mother's Maiden Name <u>Mary Dige</u>	Mother's Birthplace <u> </u>	" "
Name of person giving information <u>Sister Byrds</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Suppur. Ovarorrhœa</u>	How long <u>1 week</u>
Immediate <u>Cholera infantum</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Bonups</u>
	Address <u>W. Springfield Md</u>
Accident or Suicide? <u>No</u>	



Name
In
Full

Elsie Leasher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death

1906

Month

8

Day

26

Years

—

Months

8

Days

21

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Singl

Name of Wife or
Husband

Father's
Name

B. W. Carter

Father's
Birthplace

Md.

Mother's
Maiden Name

Unia Ros

Mother's
Birthplace

Jew

Name of person giving
Information

Eve Carter

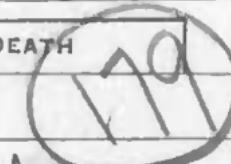
How related
to deceased

Father

CAUSES OF DEATH

Primary

Mossumus



How long

some months

Immediate

General exhaustion

How long

several days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

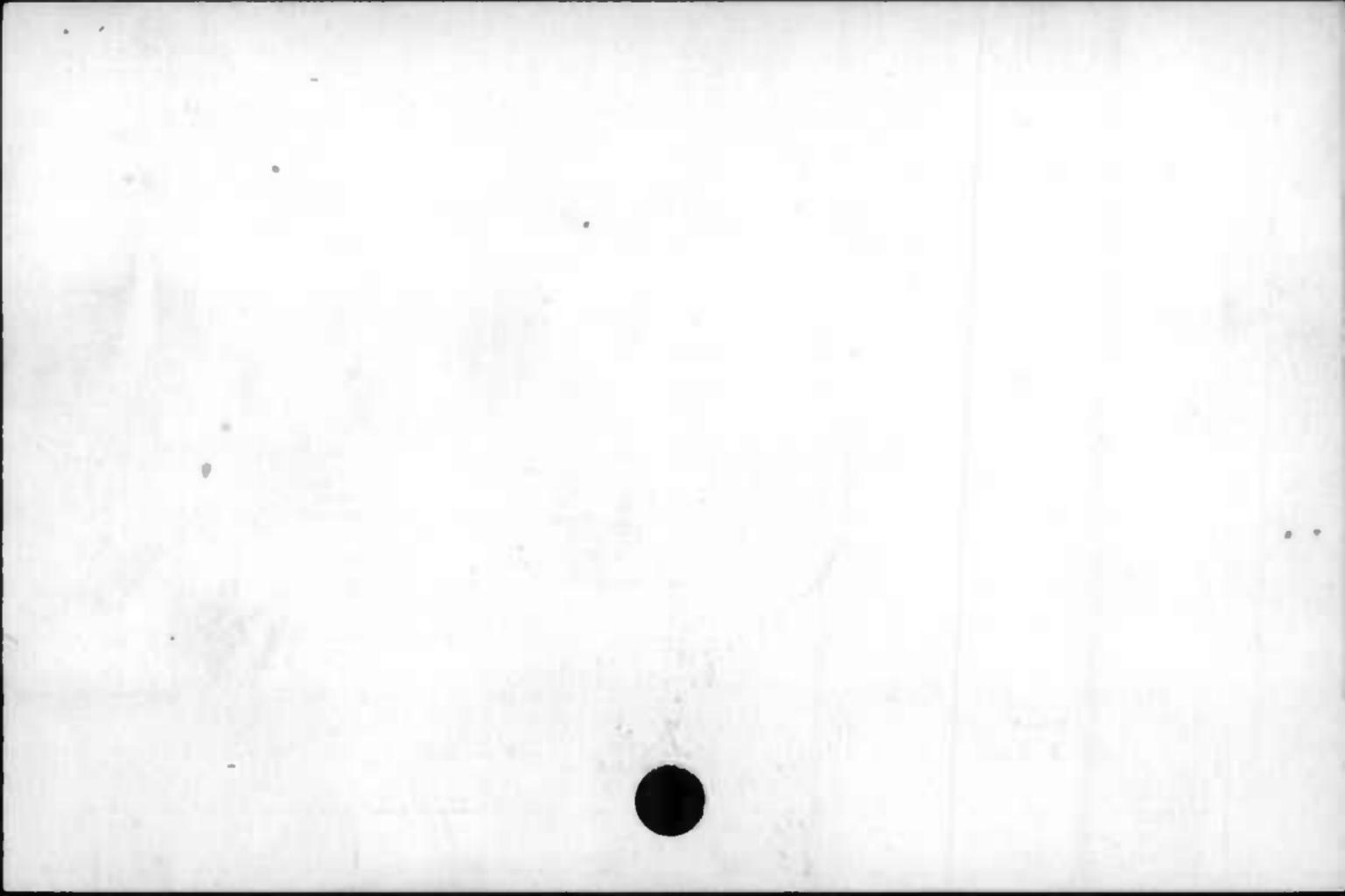
Signature of
Physician

J. T. Willis

Address

Rockville Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Neck	Pomona	Somerset.			
Date of death	Month	Day	Years	Months	Days
1906	8	27	2	✓	✓
Sex	Female	Color or Race	Blacks	Birth- place	
Occupation	✓	Where Residing if not at place of death			
Married, Single or Widowed	Singl	Name of Wife or Husband	✓		
Father's Name	Star Cuffman	✓			
Mother's Maiden Name	Paun Cuffman	✓	Father's Birthplace	and	
Name of person giving Information	Mothe Star	✓	Mother's Birthplace	and	
How related to deceased None					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Wait. know, no doctor in attendance	How long
	Immediate		6 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James Dunn "Undertaker"
		Address	Colman and
Accident or Suicide?			

Letterhead for unsigned certificates

9/18/41

M.L.P.

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Cullen			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Somerset	
Occupation	Fanner			Where Residing if not at place of death	Some place	
Married, Single or Widowed	married	Name of Wife or Husband	May & Cullen	Father's Birthplace	Som	
Father's Name	Jacob J Cullen			Mother's Birthplace	Somerset Co	
Mother's Maiden Name	May & Nelson			How related to deceased	Son	
Name of person giving information	James H Cullen					

CAUSES OF DEATH

Primary

Heart trouble (19)

How long

very short

Immediate

Are the name, age, sex, color, date and place correctly given above?

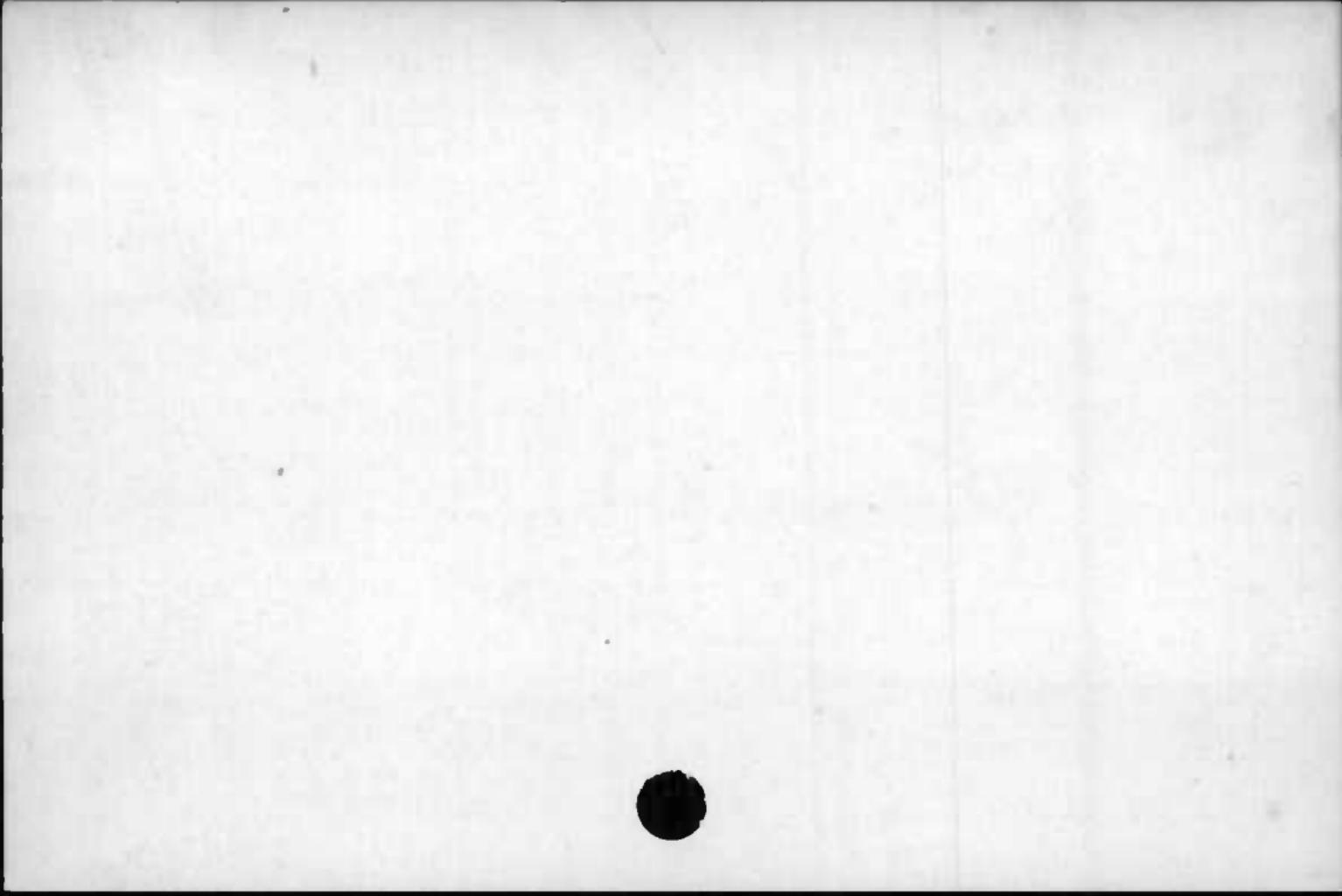
yes

Signature of Physician

Address

B f Adams
and son John

Accident or Suicide?



Name
in
Full

Joe W. Flood

CERTIFICATE OF DEATH

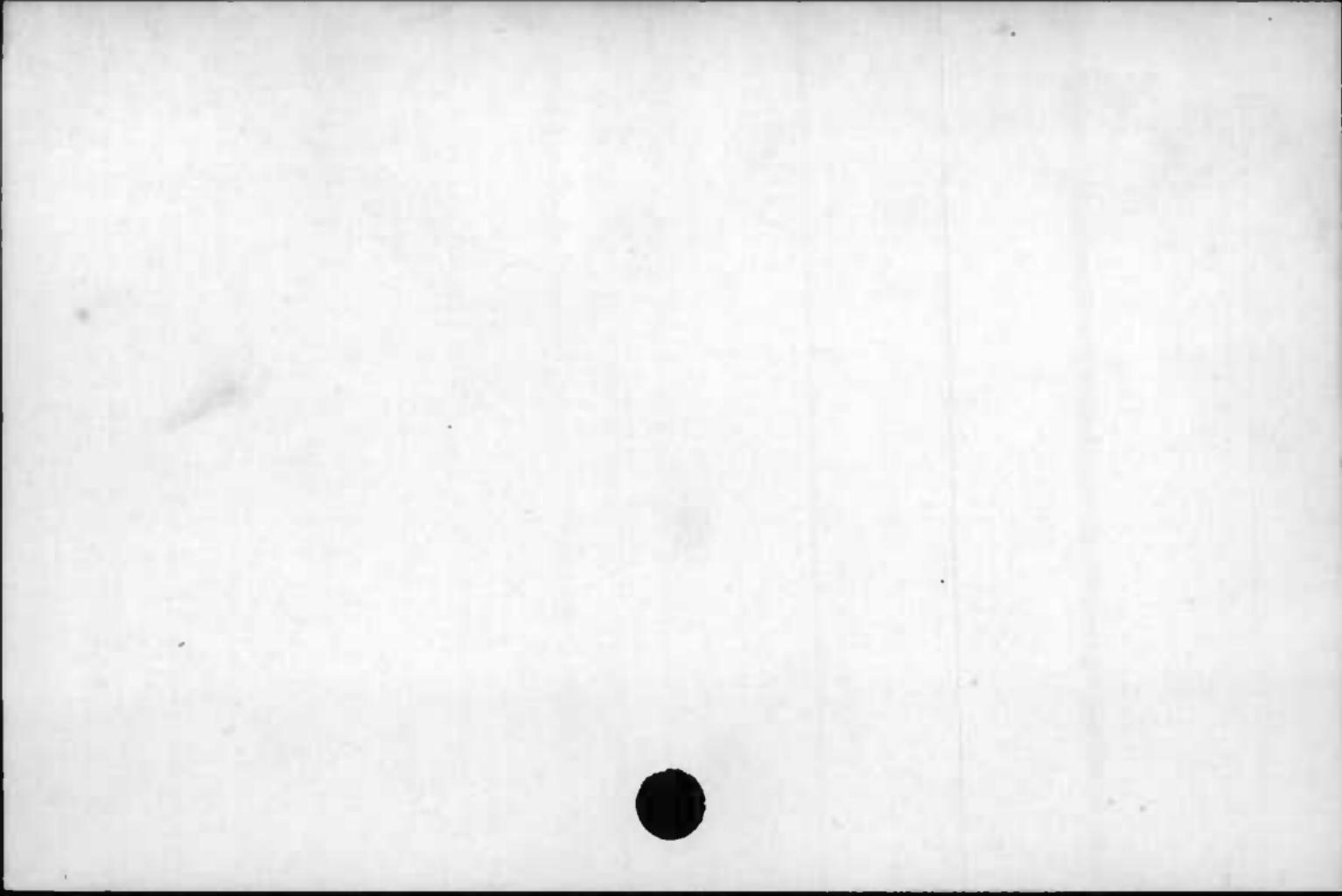
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Cusfield	County	Southeast	MARYLAND		
Date of death	1906 Aug	Month	9	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place		
Occupation	Attorney	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	—	
Father's Name	—	Mother's Maiden Name	—	Mother's Birthplace	—	
Name of person giving information	Capt James Ward	(12)	Employer	How related to deceased	—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowning accident	How long	5 days.
Immediate	Drowning	How long	5 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. Coulbourn, M.D.
		Address	Cusfield
Accident or Suicide?		Accident	



Willard Irving Gross

Town

County

MARYLAND

Died at Princess Anne Somerset

Date 1906	Month 8	Day 15	Age 15	Native of Md	Occupation Baby
Male	White	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>	
<u>Female</u>	<u>Colored</u>	Single	<u>Widower</u>	<u>Number of children living</u>	

Husband of	<u>✓</u>		
Wife			
Father's Name	Joseph W. Gross	Mother's Maiden Name	Olivia M. Leahey

Cause of Death	Primary Debility	How long sick
Death	Immediate Debility	15 days
		✓ Accident, Suicide, Homicide

Reported by Chas. W. Wainwright

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Littleton Hargis Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County	MARYLAND			
Date of death 1906	Month Aug	Day 24	Years 24	Months —	Days —
Sex male	Color or Race Black	Birth- place Md.			
Occupation Farmer	Where Residing if not at place of death —				
Married, Single or Widowed single	Name of Wife or Husband —				
Father's Name Littleton Hargis	Father's Birthplace Md.				
Mother's Maiden Name Rose Townsend	Mother's Birthplace Md.				
Name of person giving Information James Horsey	How related to deceased Son-in-law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever



How long

3 wks.

Immediate

Exhaustion

How long

2 days.

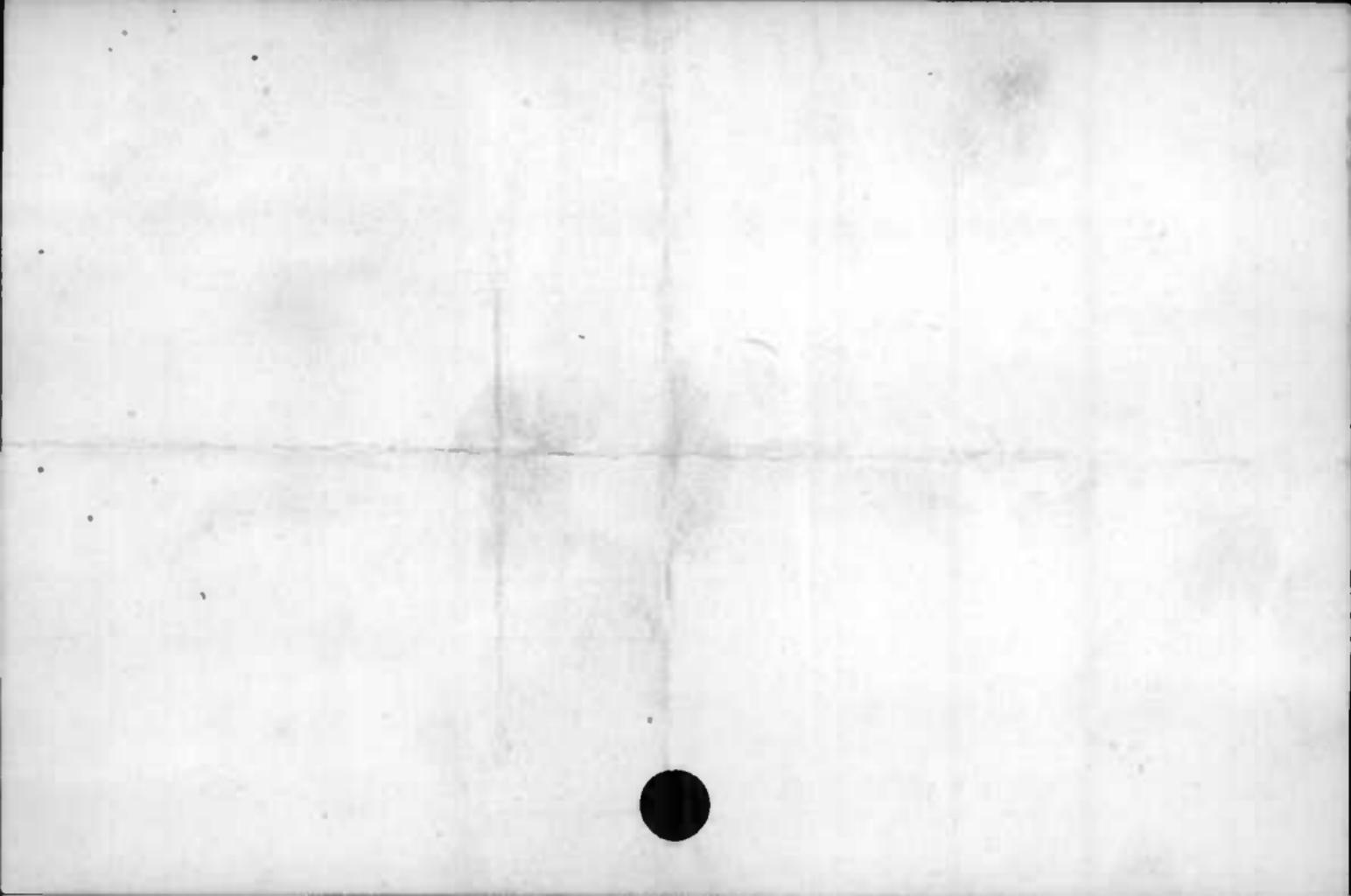
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Clear Fisher: use
Prussia Ave, Md.

Accident or Suicide?



Name
in
Full

Lucileton L. Henderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

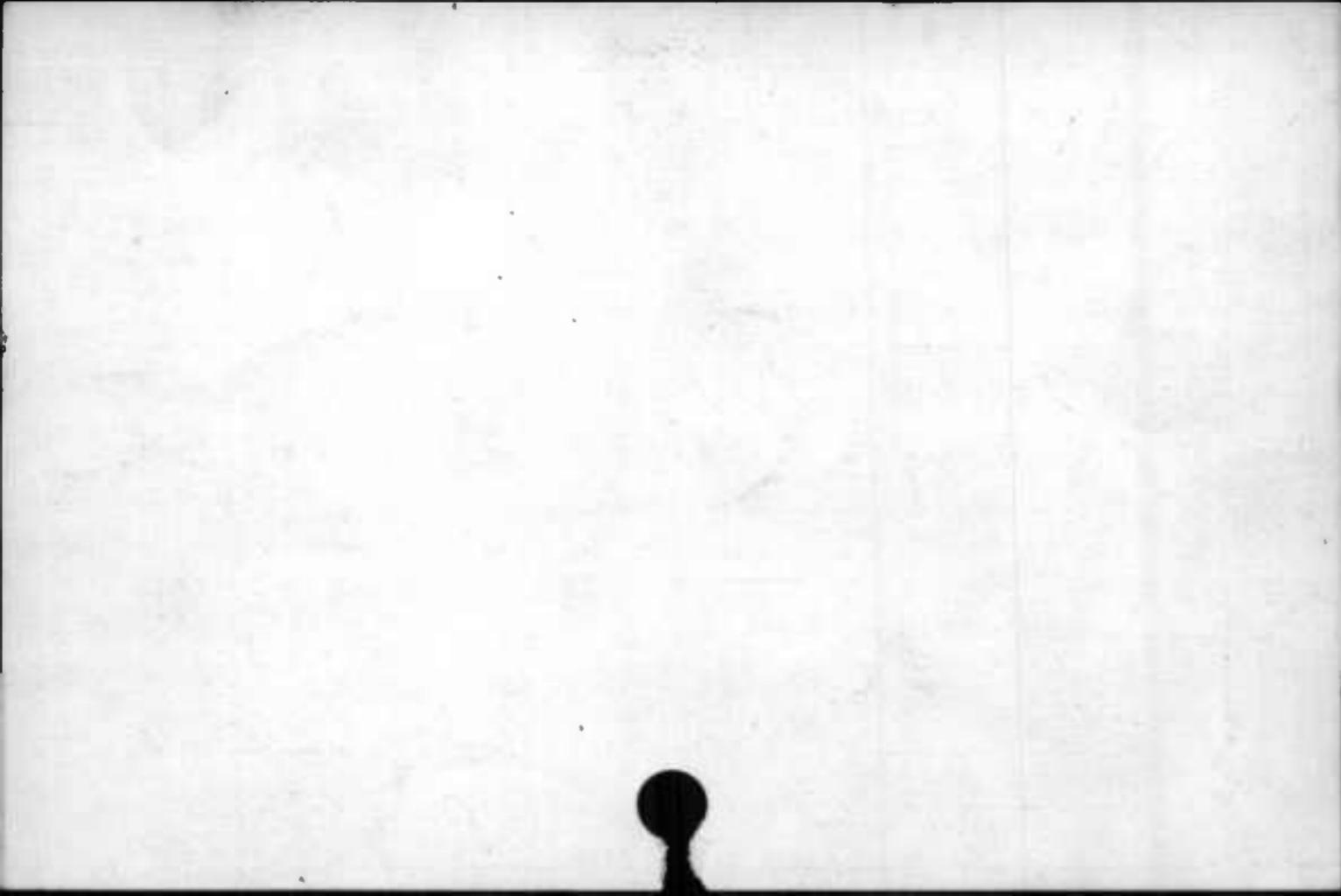
Died at	Town	County	MARYLAND		
Princess Anne	Somerset		Months	Days	
Date of death	Month	Day	Years	Months	Days
1906	8	21	Age about 36	—	—
Sex	Male	Color or Race	White	Birth-place	Worcester Co.
Occupation	Candy Maker		Where Residing If not at place of death	Baltimore Md	
Married, Single or Widowed	Name of Wife or Husband		Margaret E Linker		
Father's Name	Lucileton Henderson		Father's Birthplace	Worcester Co	
Mother's Maiden Name	Margaret Clegg		Mother's Birthplace	Worcester Co	
Name of person giving information	O.W. Linker		How related to deceased	Father in Law	

CAUSES OF DEATH

Primary	Tuberculosis	(21)	How long	1 year
Immediate	Appendicitis		How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Osg. W. Wainwright Princess Anne Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Charles A Holland

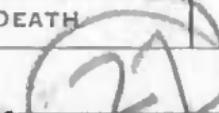
CERTIFICATE OF DEATH

Died at Dublin		Town	County Somerset		MARYLAND	
Date of death 1906 Aug.	Month	Day 23	Years 34	Months	Days	
Sex male	Color or Race White	Birth-place Dublin dist.				
Occupation Farmer	Where Residing if not at place of death at place of death					
Married, S or [initials]	Name of Wife or Ladie Dryden					
Father's Name Thomas Holland	Father's Birthplace Worcester Co Md					
Mother's Maiden Name Lizzie Powell	Mother's Birthplace Worcester Co Md					
Name of person giving information Burton Gibbons	How related to deceased No relation					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Eight months

Immediate

Failure of vital forces

How long

Thirty min.

Are the name, age, sex, color, date and place correctly given above?

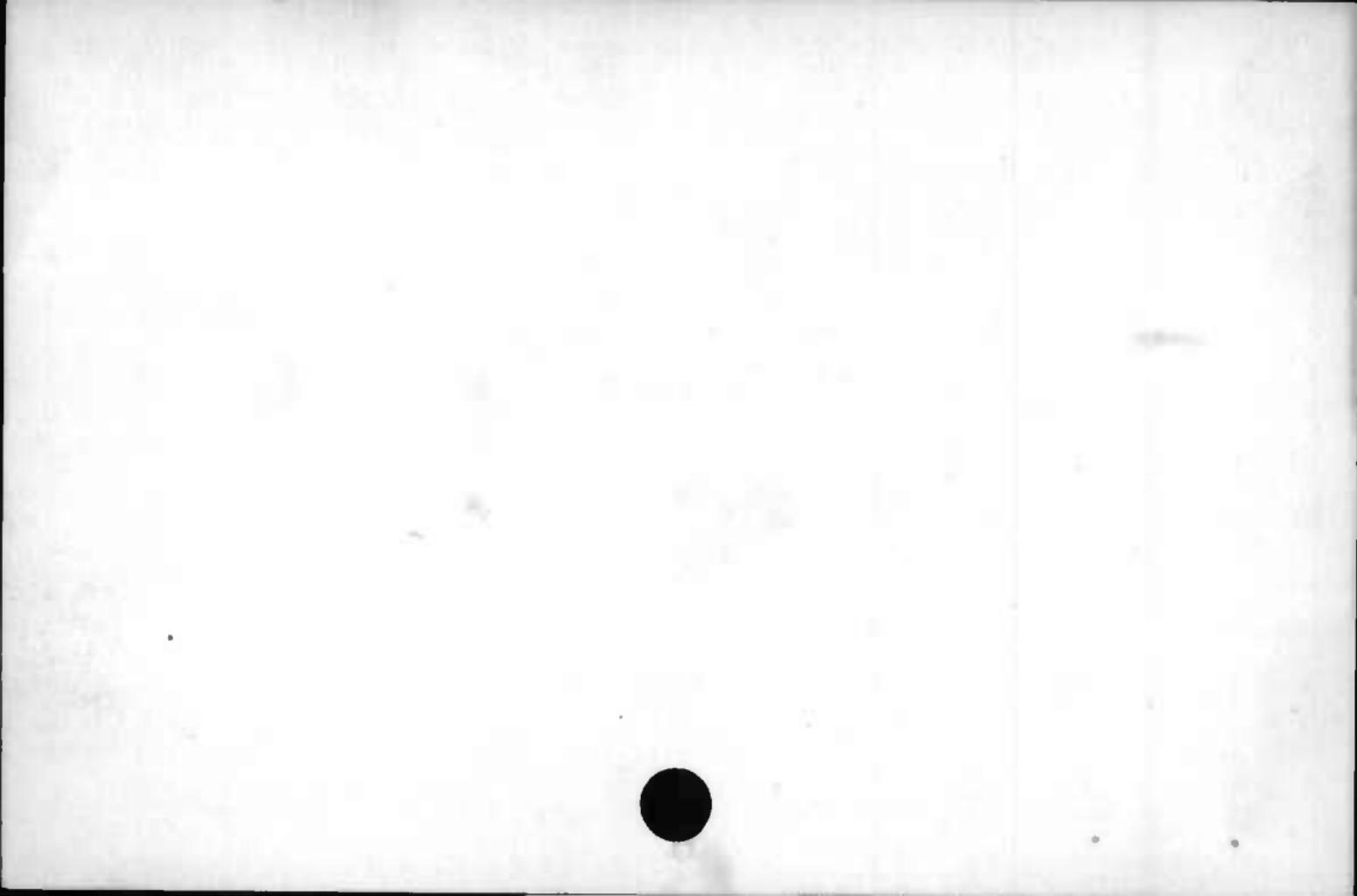
yes

Signature of Physician

Address

Isaac T Gosten**Pocomoke City****MD**

Accident or Suicide?



Name

in
Full

Louisa Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		
CAUSES OF DEATH			
Primary	Tuberculosis		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide?		Address	

Chance Somerset

1906 Aug. 27th 47

Female Colored

Salesbury, Md.

Widow

-

-

-

-

Dennis Johnson Lori

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

1 year

Immediate

Exhaustion

How long



Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

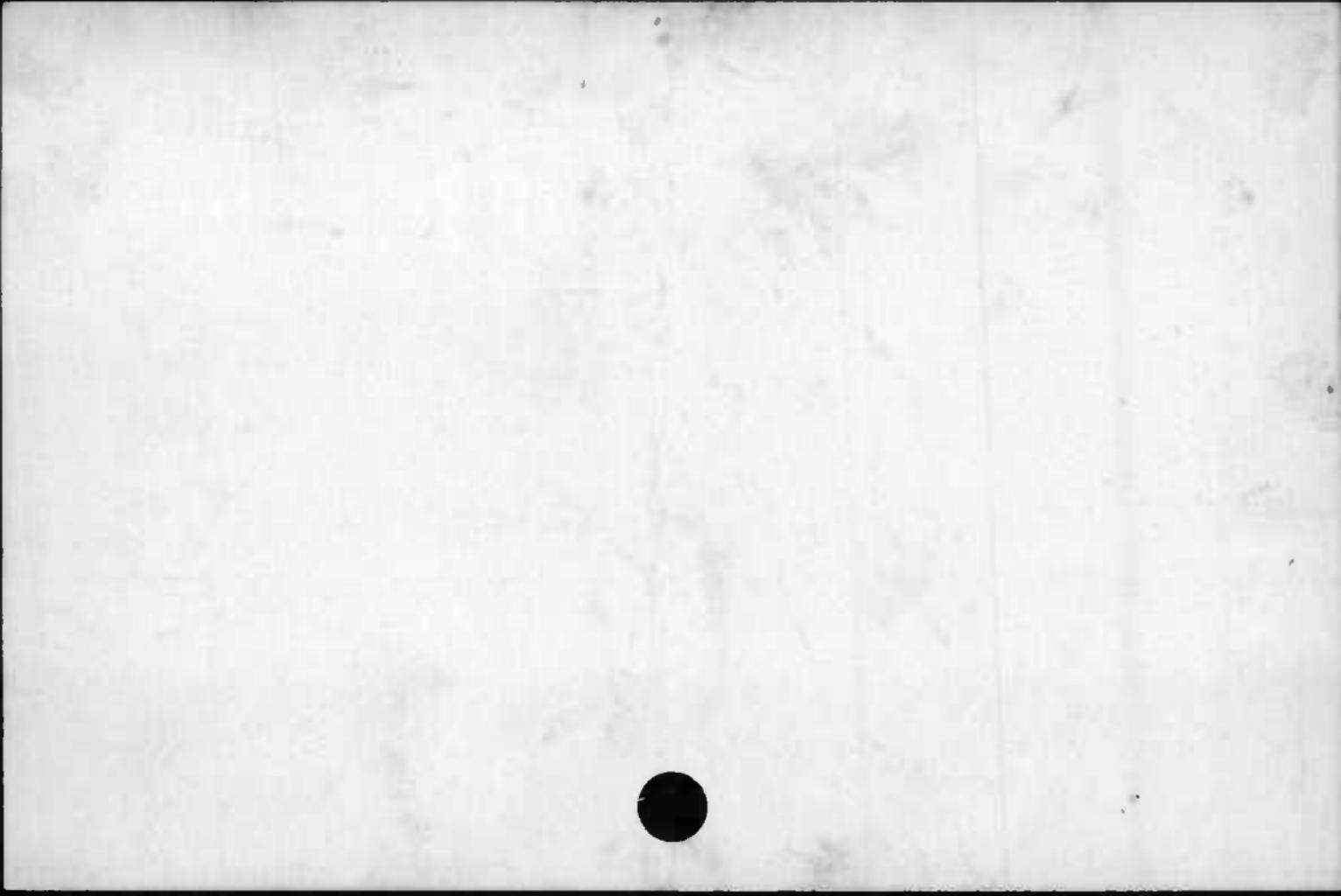
D. J. Windsor, M.D.

Address

Dennis Johnson
Somerset, Md.

Accident or Suicide?

No



Name
in
Full

Severn Laird

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

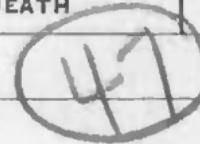
Died at	Town <u>Manokin</u>	County <u>Somersel</u>	MARYLAND				
Date of death	1906	Month <u>Aug</u>	Day <u>3rd</u>	Age <u>54</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth- place	<u>Somersel Co</u>		
Occupation	Where Residing if not at place of death			<u>—</u>			
Married, Single <u>Married</u>	Name of Wife or Husband			<u>—</u>			
Father's Name	<u>Thos. Laird</u>			Father's Birthplace	<u>Somersel</u>		
Mother's Maiden Name	<u>Betsy</u>			Mother's Birthplace	<u>Somersel Co</u>		
Name of person giving Information				How related to deceased	<u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rheumatism



How long

about 8 years

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. E. Dickinson
Upper Fairmount
Md.

Accident or Suicide?

J. W. London



Londonville

Ind

Name
in
Full

Melvin Maddox

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Age	Years Months Days
1908	Aug	19	13 0 29
Sex	Color or Race	Birth-place	
Female	Colored	Kingsboro	
Occupation	Where Residing if not at place of death	Kingsboro	
Married, Single or Widowed	Name of Wife or Husband		
single	Hevin Maddox		
Father's Name	Father's Birthplace	Bladensburg Md	
Mother's Maiden Name	Mother's Birthplace	Kingsboro	
Name of person giving information	How related to deceased	Mother	
Hevin Maddox			

CAUSES OF DEATH

Primary

Typhoid fever



How long

10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Granville L. Johnson

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Henry Merrill

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Somerset Co	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	John Merrill				
Father's Name	Harris Sterling		Father's Birthplace	Som. Co		
Mother's Maiden Name	Mary		Mother's Birthplace	," "		
Name of person giving information	J. S. Sams on		How related to deceased	Daughter		

CAUSES OF DEATH

Primary

Ascites

(11)

How long

6 mos.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

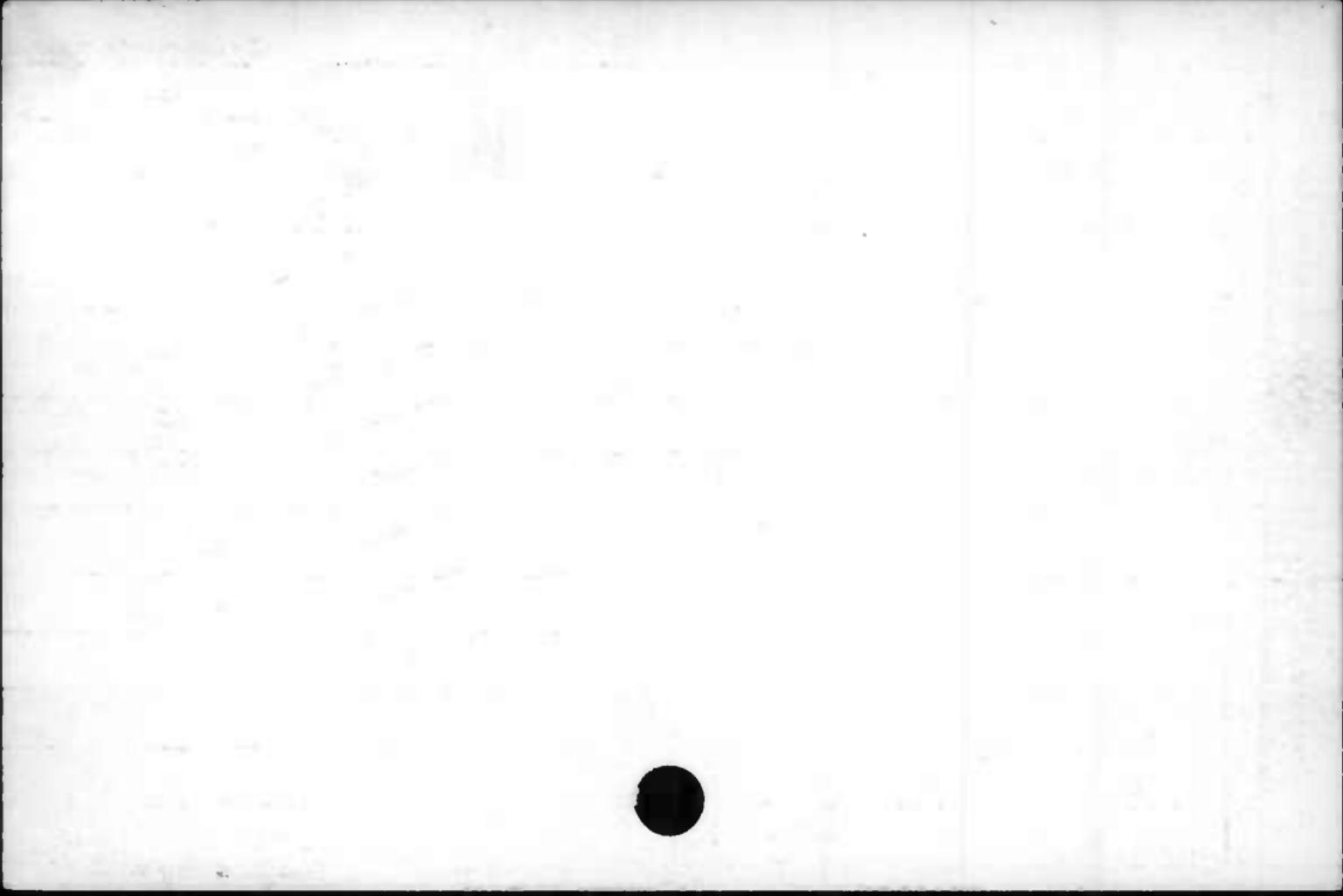
Yes

Signature of Physician

Address

J. F. Rogers,
Crisfield, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	white	Birth-place	Hagerstown County	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Virginia Murray			
Father's Name	Thomas Murray			Father's Birthplace	Portugal
Mother's Maiden Name	Elizabeth Murrell			Mother's Birthplace	don't know
Name of person giving information	Virginia Murray			How related to deceased	wife

CAUSES OF DEATH

Primary

Brain Tumor

(66)

How long

9 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

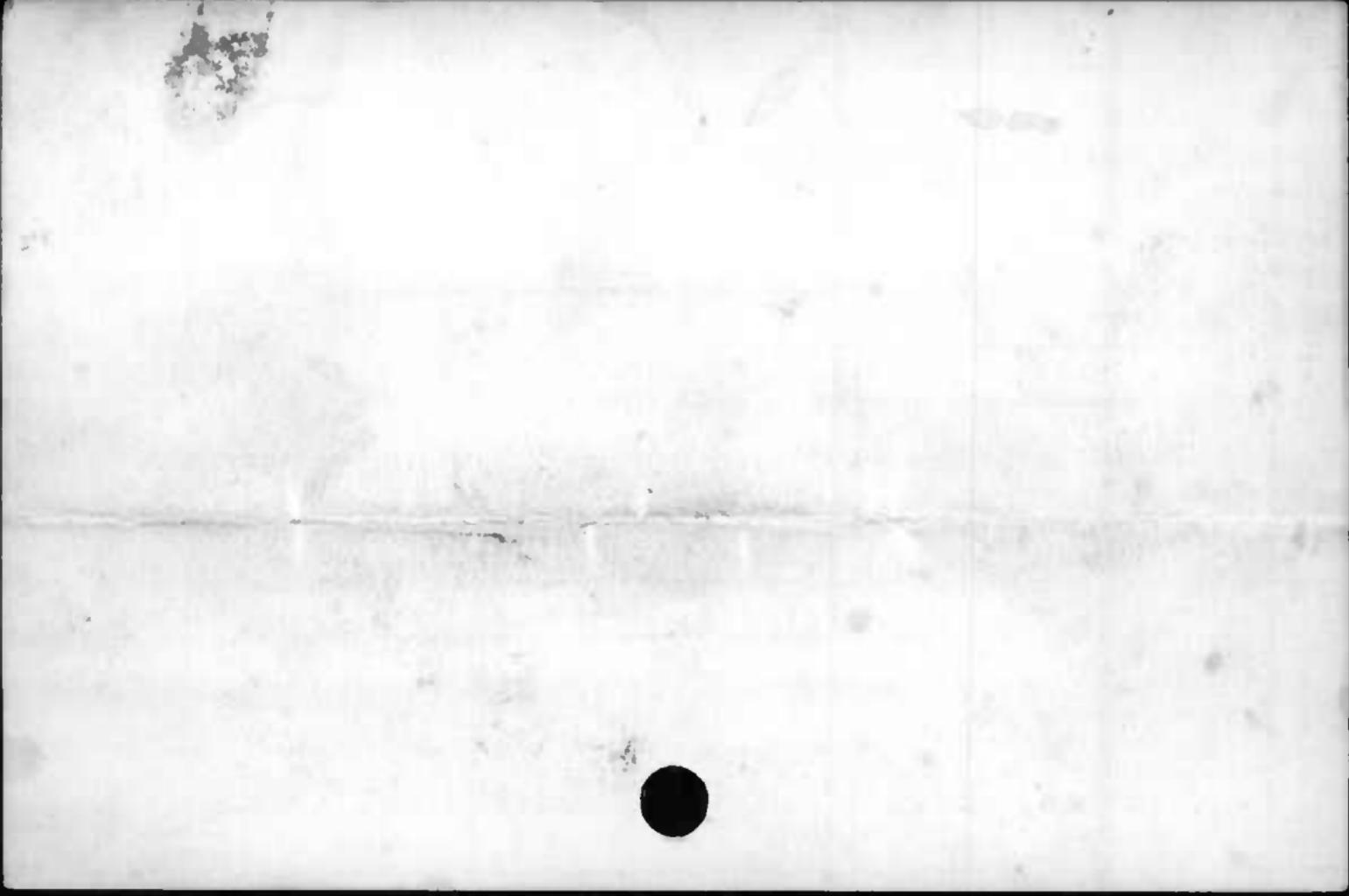
Yes

Signature of Physician

Address

Black Oak Hill
IndiatonPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Nannie Revelle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

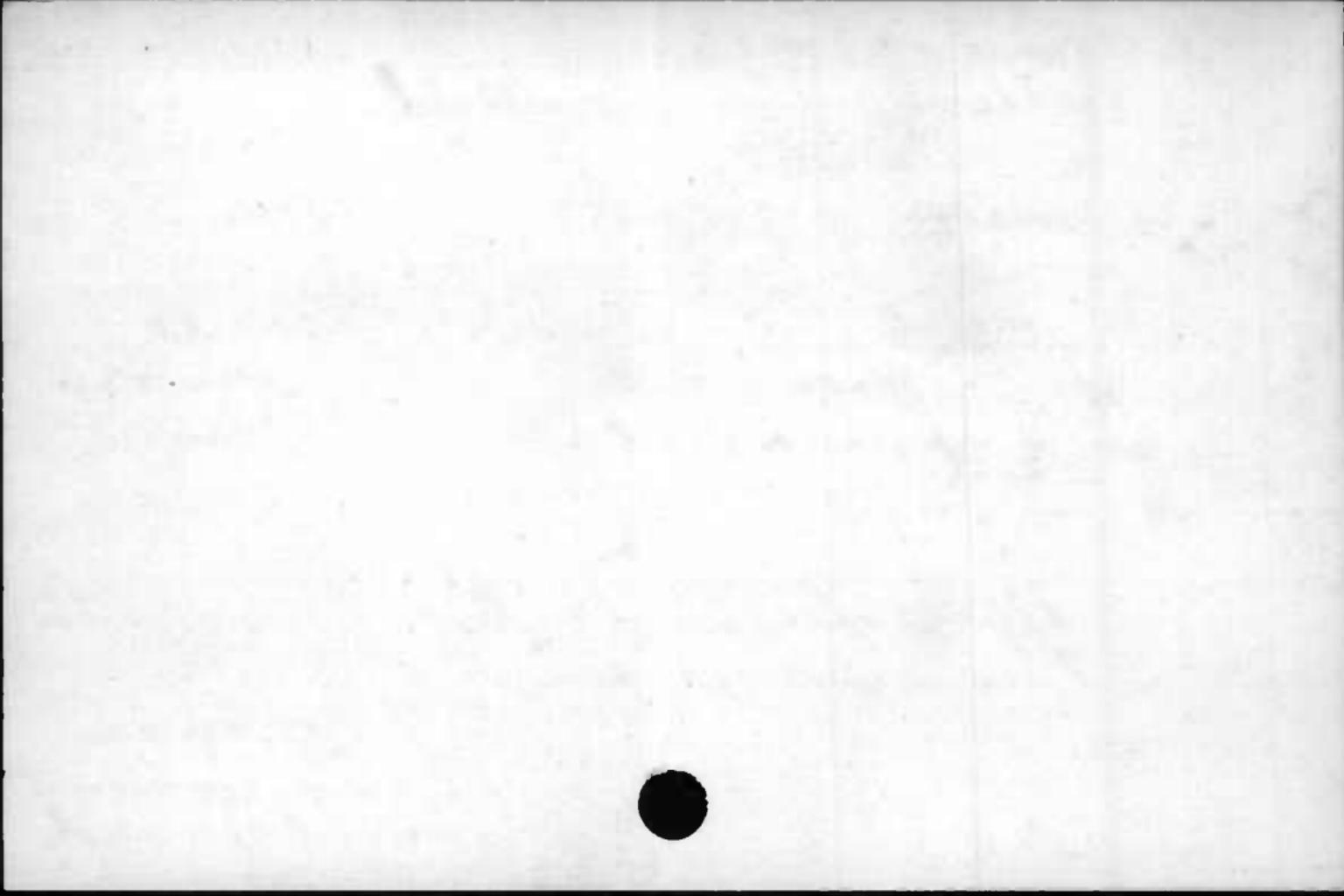
Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph J. Revelle		
Father's Name	— Jones		Father's Birthplace	Somerset	
Mother's Maiden Name	deah Ann Parks		Mother's Birthplace	Somerset Co	
Name of person giving information	—		How related to deceased	—	

(34)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pernicious Vomiting	How long	4 Month
Immediate	Pernicious Anæmia	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G.E. Dickinson
Yes		Address	Upper Fairmount
Accident or Suicide?		Md.	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Simpkins					CERTIFICATE OF DEATH		
Town	County		MARYLAND				
Died at James Quailey	Somerset						
Date of death 1906	Month Aug.	Day 31st	Years	Months	Days		
Sex Female	Color or Race white		Age	Birth-place Son. S.			
Married, Single or Widowed —	Occupation —						
Name of Wife or Husband —							
Father's Name Mr. Simpkins			Father's Birthplace Son. S.				
Mother's Maiden Name Minnie Wallace			Mother's Birthplace Son. Co.				
Name of person giving information Mr. Simpkins			How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malformation of heart

How long —

Immediate

(150)

How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. J. Windsor, M.D.
James Quailey
Somerset Co., M.D.

Accident or Suicide? —

✓

45

+

Name
in
Full

Moller SImp Kruis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Age	Years	Months
1906	8	41	1	1
Day	17	Color or Race	Days	
Sex	Female	White		
Occupation	Housewife	Where Residing if not at place of death		
Married, Single or Widowed	Married	Wm W. Simp Kruis		
Name of Wife or Husband			Father's Birthplace	2nd
Father's Name	John Newson		Mother's Birthplace	2nd
Mother's Maiden Name	Susie Bounds		How related to deceased	Third Father
Name of person giving information	John Newson	118		

CAUSES OF DEATH

Primary	Drowned while swimming water	How long
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

C. M. Doshell

Address

"Undivided"

Accident or Suicide?

R.S.

M. Lemon MD

Geo R. French
is subscriber at
2nd Avenue

Subscribed for incomplete record.

Signed by John Lawrence - father.
W.L.P.

8/18/XII.

Name
In
Full

Rachael Sudler

CERTIFICATE OF DEATH

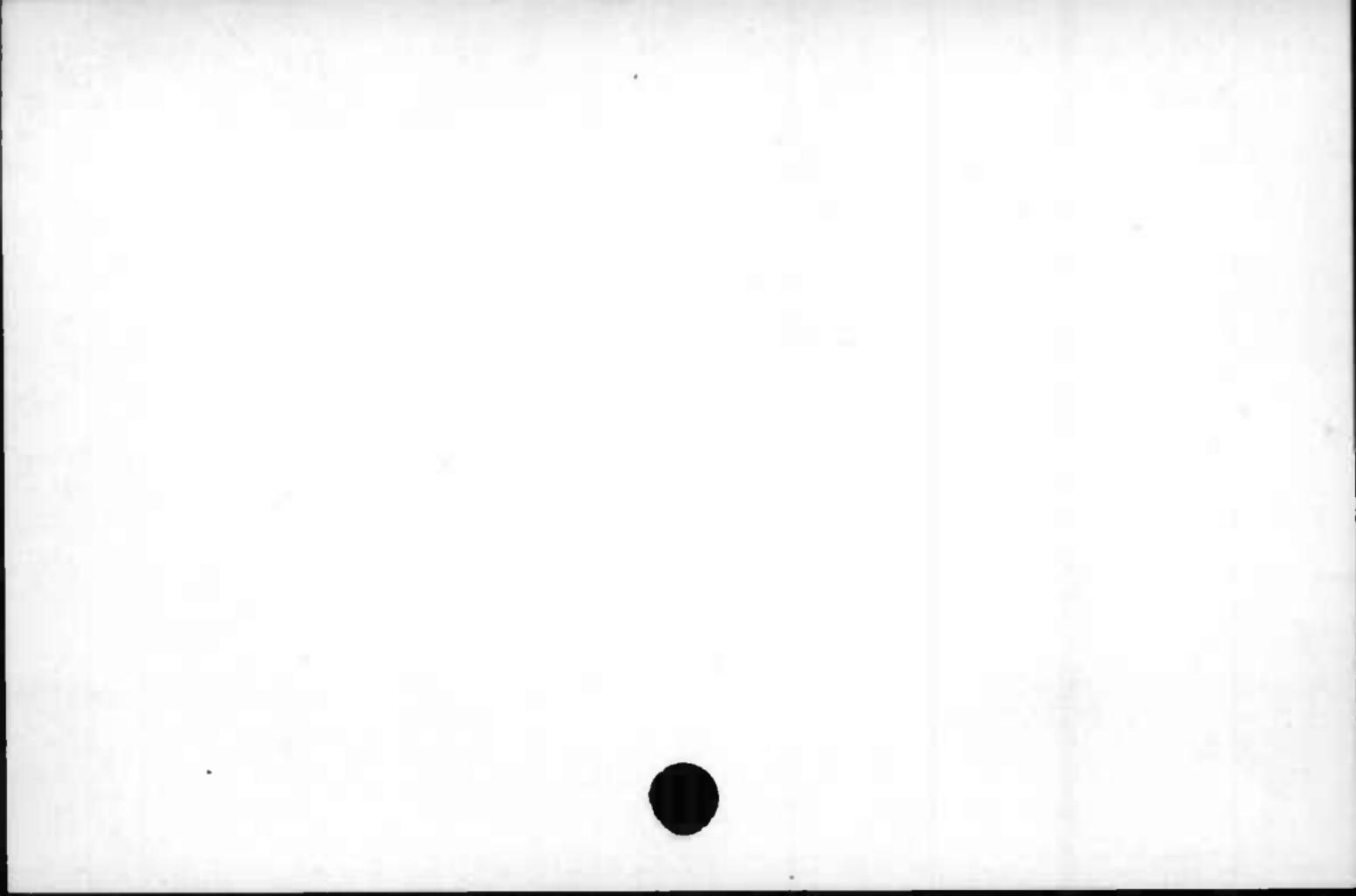
To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND		
Died at <u>Brownie Lane</u>	<u>Somerset</u>				
Date of death <u>1906 Aug 29</u>	Month	Day	Years <u>86</u>	Months	Days
Age <u>86</u>					
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Ned.</u>	
Occupation <u>Housework</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Levin Sudler</u>				
Father's Name <u>Arthur Sudler</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Rachael Sudler</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Levin Sudler Jr</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Severe Anoxia from Bright Disease</u>	How long <u>Unknown</u>
Immediate <u>Asthma</u>	How long <u>Progressive</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Albert Fisher M.D.</u>
	Address <u>Brownie Lane, Ned.</u>
Accident or Suicide? <u>X</u>	



Name
in
Full

William H Tilghman

CERTIFICATE OF DEATH

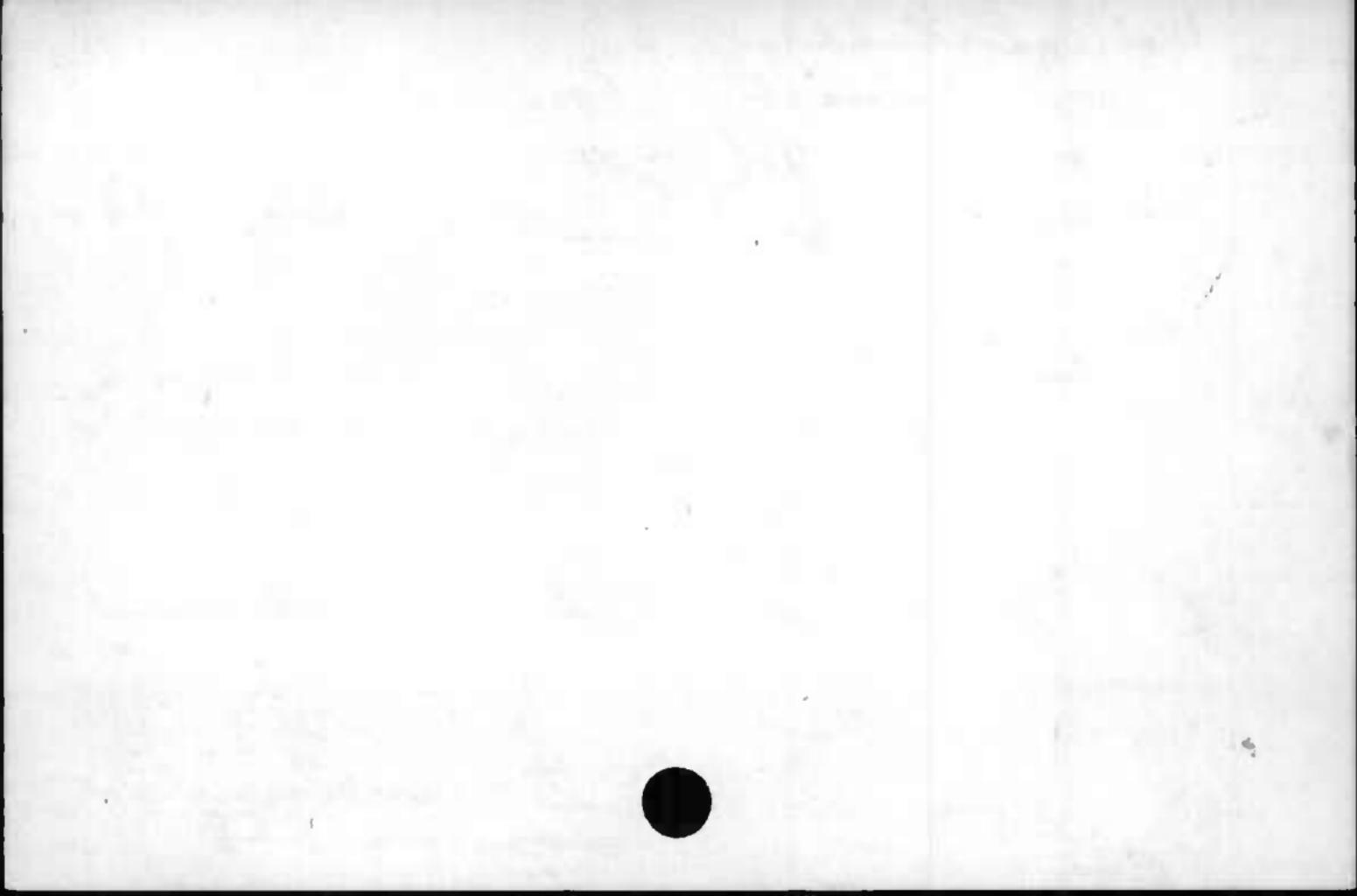
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	near Rehoboth	Somerset	Months	Days
Date of death	Month	Day	Years	
1906 Aug.	7		About 77	
Sex	Color or Race	White	Birth-place	Somerset Co Md
Occupation	Where Residing if not at place of death farmer in neighborhood			
Married, Single or Widowed	Name of Wife or Husband	Mary M Powell	Father's Birthplace	Somerset Co Md
Father's Name	Tilghman	Mother's Birthplace		
Mother's Maiden Name	unknown	How related to deceased	Son in law	
Name of person giving information	Robert W Powell	(W)		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infirmities of age and broken legs	How long	19 months
Immediate	Failure of vital forces	How long	on year
Are the name, age, sex, color, date and place correctly given above?	390	Signature of Physician	F T Coston
		Address	Pocomoke City Md
Accident or Suicide?			



Name
in
Full

Mels Estelle White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age #	Birth-place		
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joseph White				
Mother's Maiden Name	Emma Webster				
Name of person giving information	Joseph White				
CAUSES OF DEATH					
Primary	Malaria			How long	3mos.
Immediate	(N/A)			How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Y	S. J. Windsor, M.D.	Damascus, Somerset Co., Md.
Accident or Suicide?	No	

